

An Occupational Therapy Doctoral Capstone Experience in Addiction Recovery

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Abstract

The addiction of one individual affects much more than that person; addiction impacts the individual's family, as well as the entire community. Addiction leads to loss of life, social disruption, role disruption, and emotional displacement. A Better Life - Brianna's Hope, an addiction support and recovery group, supports all who are impacted by addiction including the community and family. The organization, community, and family were assessed to develop programs and the population served using a SWOT analysis, literature review, personal conversations, or continuous problem-solving model. Utilizing workshops based on life skills, educating large crowds, training leaders, using handouts and resources throughout the community, providing advocacy and prevention to young children, and creating a means to be financially stable occupational therapy graduate student was able to respond to the ever-changing needs of society. During large community resource events, 140 individuals gained information and connections with available resources in the community. 24 individuals completed surveys; 62.5% were completely satisfied and 25% were somewhat satisfied with the event. Overall, ABLBH has spoken to approximately 12,000 students about prevention and the impacts of addiction. All members were invited to attend High Impact Parties creating another aspect of prevention and a positive social experience for the whole family. Attendance ranged from 24 people at the first and 31 at the second party. Continued ongoing quality improvements throughout the project and experience addressed the changing needs of the individuals, families, children, and the community.

Keywords: addiction recovery, substance abuse, community, family, impact, doctoral capstone experience, occupational therapy

Literature Review/Background Information

An epidemic of drugs has been spreading through the United States since the 2000s. The Center for Disease Control (CDC) (2017) states, “The United States is in the midst of an opioid overdose epidemic.” The rate of drug overdoses has increased at a rate of 137% according to Rudd, Aleshire, Zibbell, and Gladden (2016). As the rate of drug overdoses increases, the rate of sustainable evidence-based programs for individuals who use drugs should increase. According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2017), “In 2014 an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use,” and the CDC (2017) states “opioids has killed more than 42,000 people in 2016, more than any year on record.” The previous statements suggest a need throughout the United States for a greater understanding of the impact addiction has on the family, as well as the entire community. “Overdoses with opioid pharmaceuticals led to almost 17,000 deaths in 2011. Since 1999, opiate overdose deaths have increased 265% among men and 400% among women” (SAMHSA, 2017). Overdose deaths create loss of life in the community which leads to the loss of income, social disruption, role disruption, and emotional displacement for the community, families, and children. Martin, Smith, Wallen, and Boisvert (2011) studied the stories of mothers recovering from addiction including the initial cause of addiction and their recovery processes. Eight out of 10 of the participants in the study authored by Martin et al. (p. 154) mentioned they had dysfunctional parents who had substance abuse issues. Lander, Howsare, and Byrne (2013) state, “a parent with a substance use disorder is 3 times more likely to physically or sexually abuse their child” (p. 200) which increases the likelihood a child will have poorer physical, intellectual, social, and emotional outcomes. The previous statements suggest children living with parents or guardians who have a substance use disorder have a greater risk of developing a

substance use disorder themselves. A cycle of substance abuse is shown to be a major factor in addiction studies authored by Martin et al. and Lander et al., suggesting disruption of the cycle would be beneficial to the prevention of addiction in younger generations. McKeganey, Barnard, and McIntosh (2009) studied the impact of parental drug use on children and found that children with parents with a substance use disorder experienced material neglect associated with their parents' drug use. The children were exposed to drug use, drug abuse, drug violence, and the consequences of drug use as well as watching their parents overdose at young ages. The children were also at risk of witnessing criminal behavior and experiencing physical, mental, and emotional abuse. Family disruption and break up was also mentioned as an impact of parental drug use (McKeganey et al., 2009). The CDC (2017) states prevention can be achieved by expanding evidence-based treatment options for individuals who use drugs. Prevention of overdoses includes the future generations' cycle of addiction. Addiction impacts the whole family unit, as well as the surrounding community (Lander et al., 2013). Addiction can leave extended family with "feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt", and can impact relationships between siblings through "negative role modeling, lack of trust, and diminished concepts of normative behavior" (Center for Substance Abuse Treatment, 2004, p. 22). Relationships with neighbors, friends, and coworkers can be at risk as well. Persons with addiction become unreliable which causing their neighbors, friends, or coworkers to help financially, "be forced to compensate for decreased productivity, or increase their share of the workload" (Center for Substance Abuse Treatment, 2004, p. 22).

Addiction impacts the individual's performance patterns, performance capacity, as well as their occupational identity (Martin et al., 2011). Helbrig and McKay (2003) stated "Addiction is occupational in nature and can lead to occupational disruption" (p. 140). Wasmuth, Crabtree,

and Scott (2014) extend this thought to describe addiction as an occupation that causes an occupational deficit. Opp (2018) describes occupational deficit as the inability to engage in meaningful activities. Combining these theories produces the suggestion a person in addiction has an occupational deficit and lacks engagement in meaningful activities that leads to disruption in their life and identity. "Occupations include things people need to, want to, and are expected to do" (American Occupational Therapy Association [AOTA], 2014). If treating addiction is seen as replacing occupations to allow a person to do everything they need to, want to, or are supposed to do by societal or cultural standards, occupational therapists would play a vital role. Occupational therapists focus on occupations and factors impacting the individual's context including their environment, performance skills, and performance patterns. Performance patterns are the routines, habits and roles a person exhibits throughout their daily life and performance skills are the abilities a person is born with and gains over time (AOTA, 2014). Occupational therapists look at the person individually before considering how the diagnosis affects the person. This helps develop and create an individualized treatment plan. For those with addiction, this way of thinking and processing provides a look beyond the addiction and yields steps to redefine themselves in a sober manner. Addressing addiction as an occupation within a group of individuals may assist in increased recovery outcomes while also decreasing the number of relapses as a result. Occupational therapy will facilitate replacement of addiction in positive ways such as creating new occupations and finding purpose and meaning in life. Wasmuth and Pritchard (2016) were able to assist participants of their study by replacing the addiction with new occupations or activities which gave the participants satisfaction in their activities and a sense of freedom from concerns and judgement. Feeling a lack of satisfaction and purpose is suggested to occur in those with addiction. According to Broadbear, Winger,

Rivier, Rice, and Woods (2004), the hormones in your body take at least a year to normalize before pleasure is felt without assistance of medication after the use of drugs. This suggests a lack of reinforced success in the first year of participating in recovery and new occupations. The regulation of hormones without the use of medication may play a part in each individual's recovery process. Since the neurophysiological responses are not initially felt, it could suggest that those with an addiction are more likely to relapse within the first year without the use of medication to facilitate hormone regulation.

Introduction to new occupations, going to meetings, is the first part of treatment of addiction after working through detox and residential programs at A Better Life - Brianna's Hope (ABLBH), an addiction support and recovery group throughout East Central Indiana. The next part of treatment is to have volition or motivation to create performance patterns including "habits, routines, roles, and rituals used in the process of engaging in occupations or activities that can support or hinder occupational performance" (AOTA, 2014, p. S8). Many individuals going through recovery establish multiple roles such as partner, spouse, worker, student, drug user/ person with addiction, drug dealer, and parent (Martin et al., 2011). ABLBH utilized an occupational therapist's way of thinking before the graduate students came and without realization by stating a person who is recovering should change their people, places, and things to be most successful in sobriety. The organization had a way of thinking like an occupational therapist without using the words utilized by occupational therapists. The organization makes it a goal to grow and help as many people as possible who are affected by the drug epidemic sweeping the country. With this goal in mind, an occupational therapist working with the organization could reach more individuals indirectly by working with parents on coping strategies, social interactions, parenting skills, and creating structure for the parents to thrive

which impacts the child's living environment. The study by McKeganey et. al, (2009) suggests occupational therapists can advocate for the person with addiction, their children, and the family as a whole in a drug-related situation through education and role identification for each individual involved. Treatment can aid to improve quality of care for the children, while also teaching the parent how to succeed in their role as a parent and the importance of appropriate decision-making.

Addiction impacts society on many different levels including the family, children, and community. To map out the different levels, create understanding of a person's or community's needs, and how each path is different but interconnected the occupational therapy graduate student used the KAWA model. The KAWA model is different than most theories developed for occupational therapy use. It is ever changing and allows for interpretation of the client's needs. It focuses on the interconnectedness of the environment and nature that frames life experiences (Iwama, Thomson, & MacDonald, 2009). According to Iwama et al., (2009), the river is a metaphor for life flow, whereas most models use a mechanical and scientific explanation as a part of the whole model. The authors tried to make the model "better address the rehabilitation requirements of diverse clientele" (Iwama et al., 2009 p. 1125). This model has been used for patients of an adult community mental health team "to describe a person's life story and current circumstances (Kawa cross-section) and help them to share elements with others that they feel are significant" (Iwama, 2006; Iwama, 2013). Dellow and Skeels (2017), found the Kawa Model to be an effective tool that helps address the difficulties individuals face and help set goals to overcome the difficulties. Dellow and Skeels (2017) also found this model to encourage communication and identification of common experiences (depression, poor motivation, poor self-esteem etc.) These difficulties are common among people who are recovering. Using the

KAWA (River) Model has worked best to organize thinking and focus of the projects and programs being developed at ABLBH. It allows for change and can be split into multiple rivers to help look at specific barriers of smaller projects that might influence the larger projects created. The Doctoral Capstone Experience and projects were an attempt to further what is offered by the nonprofit organization pertaining to addiction, family, and community involvement.

Screening and Evaluation

To further what is offered at ABLBH, a needs assessment and evaluation were completed on the elements of society impacted by addiction including the nonprofit organization, families and children connected to the individuals with addiction, and community. The assessments were chosen using Bonnel and Smith's (2018) plan for continuous quality improvement (CQI) which includes multiple avenues for analyzing different areas of practice. The evaluation team chose to use a strengths, weaknesses, opportunities, and threats (SWOT) analysis of the organization, a literature review about what ABLBH should provide based on the needs of those with addiction, and the continuous problem-solving model for the community. Each area of society impacted by addiction (families, children, and the community) was analyzed using a SWOT analysis, a literature review, or a continuous problem-solving model from Bonnel and Smith (2018).

Organization and addiction

ABLBH was assessed by key professionals at the organization including Randy Davis, the executive director, and Gina Raines, the secretary and executive treasurer, as well as two occupational therapy graduate student interns which formulated the evaluation team. This team utilized the SWOT analysis method and discussed the goals and mission of ABLBH to assess the organization's needs. It was important to the executive director to include the mission statement

of the organization in the discussions to remind the team of why the organization does what they do. A literature review was performed to establish how ABLBH should best serve the population. The results of the literature review and the needs assessment were placed in the SWOT analysis of the organization. The SWOT analysis is meant to be dynamic, organic, and evolving according to Pickton and Wright (1998). The evaluation team continues to meet weekly to discuss the current week, reflect on the previous week in order to evolve ideas and interventions proposed, and to solve problems for the nonprofit and the population served. A SWOT analysis shows where an organization needs to improve and the areas that are strengths to an organization (Mind Tools Content Team, 2018). Many of the findings of the SWOT are below and a complete list can be found in the Appendix A. An element of strength found in the SWOT analysis included developing leadership and volunteers during the chapter meetings. The chapter meetings are much like AA meetings, but they do not use the 12-step program. Leadership of overcomers are grown through the chapter meetings when the individuals use the tools presented to them and learn to cope. An overcomer is a person who has an addiction but has been clean for more than 3 years. These overcomers then grow to be leadership in ABLBH. Using this approach strengthens the organization by showing a success story in the leadership of the organization. Another strength of ABLBH included providing services based on the needs of the individuals served. The chapter meetings happen once a week on a designated day. At the meetings, the leaders serve hot meals that many individuals in the area do not get without the meetings. Randy Davis, the executive director of ABLBH states “these meals are sometimes the only hot food the individuals with addiction have throughout the week. Some of the people only come for the food, but they keep coming back. This tells me to keep the food coming” (personal communication, January 2, 2018). Even though the nonprofit is rapidly growing, there are still

many different interventions and plans that are required for the organization to continue to expand. These plans include applying for grants for funding that is sustainable, creating curriculum for increased consistency across the chapters, and networking with individuals and school systems across the state.

ABLBH has set goals to continue growing throughout the state of Indiana and Ohio. Currently, the organization has grown to 25 chapters in the past 3 years. With such rapid growth of the organization, the structure of the leadership and board of directors does not suit the size. There are many people on the board of directors (3 individuals from each chapter totaling 75 members) with ideas that need to be considered and due to the structure of the organization many ideas do not make it out of a meeting. This creates a weakness during organizational meetings as well as a weakness to the population being served. Another area of weakness has been an absence of training for the leadership team throughout the 3 years. Lack of training causes unhappy leadership, leadership and volunteer burnout, and loss of customers (Amo, 2018). Providing and distributing resources, setting a curriculum, and electronic technology have been a shortcoming according to Randy Davis (personal communication, January 2, 2018). This contributes to the lack of training and resources for the chapters. Finally, ABLBH relies on donations and grants for funding and because of this, there is a clear weakness in the ability to be financially self-sustaining. Before the graduate student interns arrived, funding was limited to donations from the community. The office staff and volunteers are starting to write grants for funding but still rely primarily on donations.

The identification of strengths and weaknesses of the organization allows for the creation of a strategy to be a successful and competitive business. By identifying the internal factors (strengths and weaknesses), it creates the ability to capitalize, manage, or eliminate the

opportunities and threats, which are external factors, in order to continuously improve the outcomes of the organization (Mind Tools Content Team, 2018). Opportunities such as gaining paid employees, becoming self-sustainable financially, increasing the ability to write grants for future funding, and partnering with other agencies to provide increased services are all areas where ABLBH can expand. The opportunities present must be capitalized on in order to advance and increase programing through the organization. Threats have the potential to destroy an organization (Mind Tools Content Team, 2018). The leadership of each chapter is asked to volunteer their time to mentor and help those with addiction. Asking too much of the leadership can lead to burnout and eventually the closing of a chapter. The relapse of an individual in leadership could place a bad stigma on the organization. A relapse from leadership could also decrease volunteer, community, or financial support leading to increased cost for the organization or decrease in ability to help individuals.

Another threat to ABLBH is the loss of funding. Loss of funding would decrease the number of people with addiction the organization could send to detox and residential treatment. Treatment costs a burdensome amount for these individuals and most of the time the family has to find the money to compensate for services at the facilities. ABLBH helps those families decrease the financial burden placed on them by their loved ones who have an addiction. Without the funding created by donations from the community and individuals many people with addiction served by ABLBH would not get the treatment needed. The top priorities of this Doctoral Capstone Experience (DCE) include acquiring funding through grants for sustainability and treatment, training of the leadership team, and supporting the community including families of individuals with addiction through the addition of programs.

Impact of addiction on children and family

A literature review using the search terms addiction, support groups, occupational therapy, impact of addiction, substance use disorder, substance use, and substance abuse through the University of Indianapolis, Krannert Memorial Library, worldcat.org database was performed to find what an organization should provide with regards to addiction. During this review, many articles stated family and children were impacted by addiction and lacked the support necessary to cope (Barnard & McKeganey, 2004; Chassin, Pitts, DeLucia, & Todd, 1999; Gideon, 2007; Lander et. al, 2013; McKeganey et. al, 2009; Solis, Shadur, Burns, & Hussong, 2012; Waldman-Levi & Weintraub, 2014). A literature review was then completed on the needs of the family and children using the search terms occupational therapy, family, parent, child, addiction, children, impact of addiction, substance use disorder, substance use, and substance abuse through the same database. The list of demands was shortened into attainable possibilities for the occupational therapy graduate student to achieve in the 16 weeks she is present at the organization. After the literature review was finalized, informal discussions occurred with people who currently have an active addiction, persons who are recovering from addiction, grown children of parents with addiction, and other family members who give care to individuals with addiction. The final demands of the family and children include a support group for families, improvement of relationships with the family, education for parents who have an addiction including parenting skills and developmental milestones for their children, and education about the role family plays in recovery and addiction.

Impact of addiction on the community

A literature review and multiple conversations with the leaders and members of ABLBH and other organizations such as the Jay County Drug Prevention Coalition were completed to assess the needs of the community. Demands of the community consisted of: education for

children in schools about prevention to interrupt the cycle of addiction; education about the struggles people face trying to get and stay sober; education about how addiction can be seen as an occupation because the individual with addiction replaces everything else meaningful in their life with the addiction; and education about local and state resources. The evaluation team continuously reassesses the outcomes, interventions, and plans based on the feedback of the participants and leaders of the chapters.

How can occupational therapy help?

Occupational therapy started with roots in mental health and is trying to return with policies and education (Scheinholtz, 2010). Since addiction is a mental health issue, occupational therapy is an important part of recovery (Champagne & Gray, 2016). This DCE project was in an unusual mental health area of practice for an occupational therapist.

Occupational therapy is typically found in acute care, long-term care, community-based mental health facilities, skilled nursing facilities, military facilities, hospitals, justice centers, residential and day programs, and outpatient facilities (Champagne & Gray, 2016). Occupational therapists are not typically seen leading support and recovery groups due to this setting being an emerging area of practice and the lack of reimbursement from insurance agencies. “Because occupational therapy facilitates participation and is client-centered, it plays an important role in the success of those recovering in the community (AOTA, 2010; Scheinholtz, 2010)” (Castandea, Olson, & Radley, 2013). An occupational therapist in a community setting can address the stigma of the community, evaluate and adapt the environment, provide training to individuals and staff members, and facilitate supportive environments (Castandea, Olson, & Radley, 2013).

Screening and evaluations in this setting were different than most due to the nature of being an emerging practice area and the number of elements that were being assessed. The

SWOT analysis used for the organizational assessment is typically used for organizations during strategic planning phases but can also be used for personal reflection. The SWOT can also be used during an occupational therapy consultation to increase the organizations sustainability (Jacobs, & McCormack, 2011). This type of assessment allowed the occupational therapy graduate student to look at the internal and external factors of the organization and determine the best way to proceed depending on the needs of ABLBH. The family and children were assessed using a literature review and personal conversations. This type of assessment could be compared to occupational profiles and needs assessments completed on individuals during the intake evaluation process of an inpatient and outpatient facility (AOTA, 2014). However the population was assessed, the goals and opportunities formulated and found by the evaluation team were focused to improve the services presented by ABLBH.

Implementation

With ABLBH being new to occupational therapy, there were many ideas discussed that could be possible during the DCE in addiction recovery. The implementation phase included the following:

- advocating for the profession of occupational therapy (OT)
- creation of handouts and website information about resources and education for the community
- implementation of programs for individuals with addiction and their families including children to have positive social interaction
- training of leadership
- discussing during chapter meetings to the members the roles and routines of parenting and how to be a positive family member

- creating a community outreach event where resources can be distributed
- providing education to children in schools about addiction and what they can do about it now while still in school

Advocacy about the profession of OT at ABLBH occurred during meetings, through social media, and discussions throughout the communities served. A video was made, which can be found at <https://www.ablbh.org/meet-the-staff>, discussing the profession and how OT can be used in addiction recovery. At every new chapter meeting attended by the OT graduate student interns, the leaders make it a point to hold a discussion about who we are and what we do as interns for the organization. During that time, the members of the meetings can ask questions which may not have been addressed during other discussions. Handouts and lists of resources have been created and can be found under the resources tab on the website. The handouts were based on how to better an individuals' roles and routines (sober living facilities, treatment centers, homeless shelters). Handouts of resources include food pantries, thrift stores, and other helpful tips which can be found in Appendix B. Some other handouts discuss child occupations, parental assistance in childhood mental health, child development, and how addiction affects children. These handouts can be found in Appendix C. Having resources at hand can create ease in time of need. The chapter leaders were trained over the life skills curriculum created for ABLBH during the DCE project. The curriculum was created based off of evidence found in literature searches. Each skill placed in the curriculum guide was suggest by literature to be a skill lacking in the generalized population of those with addiction. Training chapter leaders in the curriculum provided the education, resources, language, and skills needed to further the skills of those with addiction. The training also provided the ability for competence and understanding to be gained by leadership decreasing the risk of burnout and other threats identified in the

SWOT analysis. Part of the curriculum focused on roles and routines of those with addiction. Many individuals need to create or recreate positive roles, routines, and relationships with their family members. The OT graduate student completed a workshop with the members of ABLBH at the Redkey and Hartford City locations focused on creating/recreating positive roles and routines throughout life. Another attempt with creating positive relationships, roles, and routines through social interaction included the High Impact Parties. The High Impact Party was designed to be a time where families can join together and not have to discuss the addictions being faced but be in a supportive environment where they can create positive roles and routines through games, food, fellowship, and social interaction. A large community outreach and resource event called Connecting the Links was held March 10th in Delaware County. The goal of the event was to provide resources, education, and awareness on local business and organizations that help individuals in the community be successful as well as hear some perspectives of individuals living with addiction or who help those with addiction. ABLBH speaks to school corporations, after school clubs, churches, and community events about prevention, struggles of recovery, personal stories, stigma, and hope. This provided the opportunity to educate children on the effects of addiction and advocate for prevention of addiction and choices leading to addiction.

Leadership

The implementation of these projects required immense planning and organization to be completed successfully and timely. A large calendar, schedule, and sticky notes were used to keep track of all events, trainings, workshops, social engagements, and due dates of items. The large community outreach events required the most involved leadership skills by contacting multiple vendors and creating relationships for the organization. The large events require marketing to businesses, deciding which audience to target, discovering how to market to that

audience, and coordinating dates and times to meet to discuss how to market the needs of ABLBH and other organizations to improve the resources gained by the individuals attending the events. This type of work required quick thinking in the moment. During one of the weekly group meetings, where a program had been planned about budgeting and management of money, an individual had a topic that needed to be discussed, needed support from the group members, and the ability to express her grief. She did not understand how to cope with the death of a loved one and was at risk for choosing relapse. Instead of continuing the program about finances, the meeting took another path to rediscover what life looked and felt like in that moment. Listening to the wants and needs of the participants of the group was an integral part of being a leader of a group. It is important to train and educate the chapter leaders to capitalize on these types of moments. Capitalizing on those moments creates trust, inclusion, engagement, and respect.

Many of the services delivered including workshops, leadership training, implementation of programs, and education to children in school required direct care to individuals with addiction. Other services ABLBH provides are delivered indirectly through emails, website postings, social media postings, and through facilitation of the leadership of other chapters for both group and individual.

Outcomes

At Connecting the Links, outcomes were assessed by both the attendance of individuals and a feedback/satisfaction survey. The surveys were placed near the exit for individuals to fill out as they left and presented to vendors at their booths. The survey was anonymous and provided feedback to determine the effectiveness of the event. The attendance and survey give feedback on the impact of the marketing options used. An example of the survey can be found in Appendix D. A total of 140 people attended the event; 34 vendors/volunteers and 106 guests (64

adults and 42 children). Out of the 140 people who attended 24 completed a feedback survey. The survey requested feedback about the marketing options used to spread the word about the event. The results are as follows: 25% of people who attended discovered the event from a newspaper, 29% were invited through their employer, 21% were invited from a family or friend, 17% were invited from Facebook, 29% heard from word of mouth, and 21% were invited by another source (8% ABLBH, 4% the facility, 8% email). The next section of the survey requested feedback about what interested the individuals in attending. The results are as follows: 12.5% came for the speakers, 12.5% came for the vendors, 50% came for both the speakers and the vendors, 4% came for the food, 4% came for the food, vendors, and speakers, and 21% came for other (8% community awareness and 12.5% networking). Out of the attendees who took the survey 62.5% were completely satisfied, 25% were somewhat satisfied, and 4% were completely dissatisfied. Many of the answers to the open-ended questions provided feedback on how to better the event. Suggested changes included increased advertisement and publicity, increase the number of vendors, increase the foot traffic, increase the size of the signs used, and decrease the amount of time the event is offered. Other suggestions included adding more peer support groups such as Narcotics Anonymous, Alcoholics Anonymous, Celebrate Recovery, and Reformers Unanimous. Having the vendors and speakers in the same room, inviting churches, schools, and local radio stations, as well as having someone outside waving for people to come in were suggestions to better the event. The outcomes from the survey will be used in the future to make changes to the next large event that ABLBH plans to complete.

Prevention was assessed by counting the number of children spoken to throughout the elementary schools, middle schools, high schools, and clubs. The High Impact Parties were assessed through attendance, conversations with the leadership, and feedback from the

participants. Attendance at the first High Impact Party was counted at 24 attendees, with 7 of those attendees being family of the occupational therapy students working with the organization. The second High Impact Party totaled 31 attendees with 3 of the attendees being leaders/hosts of the event. Changes were made to increase the quality of the program including the time of the event and how/when the party is marketed to the community. The changes were necessary for continuation of the programs and increased attendance.

Quality of services and sustainability

To ensure the quality of the services and the sustainability of the programs provided by ABLBH, the leadership teams (or chapter leaders) were offered training over roles, routines, budgeting, resume building, interview skills, coping skills, time management, and positive occupations led by the occupational therapy students. The training provided consistency throughout each chapter utilizing the workshops. Changes to the curriculum were made, updated, and presented to the leadership teams to continue growth, knowledge, and use of evidence-based practice for the population served. The use of evidence-based thinking and practice has also increased the quality of the services provided at ABLBH. Scaffa and Reitz described sustainability as an ongoing process that is often times not achieved (2014). As the discontinuation phase of the DCE occurs, changes will occur more often as the staff at ABLBH takes over. Each chapter leader will place their own spin on some of the information provided while maintaining the program's evidence-based nature. Another part of becoming a sustainable organization includes the ability to be financially stable. A grant to Executive Director of Drug Prevention, Treatment, and Enforcement, Jim McClelland, was written to ask for funding to sustain the programs being implemented by ABLBH. Another grant was written to the Jay County Drug Prevention Coalition for funding for the continuation of the large community

events like Connecting the Links. Funding has been typically in the form of donations from the community and wealthy individuals who believe in the cause. By writing grants, the organization will have increased financial stability and provide a peace of mind for the executive director as well as the board members. Another aspect of stability includes updating the website. The website has been updated to improve the ability of participants and leadership to have direct access to information presented by ABLBH. Resources on the website were created for individuals who are seeking help in the form of treatment facilities, food banks, sober living facilities, homeless shelters, and businesses. The chapter leaders were provided resources to assist in locating organizations in the area that provide services for affordable housing, childcare assistance, and discounted items such as food or clothing. Many of the resources on the website were requested by either leadership or individuals.

Meeting the needs of society

Findings from literature and from personal conversation enabled the occupational therapy graduate student to utilize occupational therapy to respond to the needs of society. Flexibility and the willingness to change based on feedback from the participants and the leadership teams allowed ABLBH to respond to the needs of the population served and the community surrounding and supporting the population. This ensured that the needs of individuals, community, and families were met; it further ensured the quality of the programs. ABLBH continued ongoing quality improvements throughout the DCE projects to address the changing needs of the individuals, families, children, and the community.

Overall Learning

Throughout my DCE, I have maintained professional communication through email, phone conversations, and face to face contact. Many hours were spent on the phone or in front

of groups discussing occupational therapy and how occupational therapy can assist an individual achieve recovery. Discussions occurred about the use of occupational therapy outside of the medical model multiple times. In school, we learned and discussed the many different avenues an occupational therapist could take to help an individual thrive in his/her environment. Many times, the community would not understand the use of occupation as a means of recovery, this led to many conversations and educational opportunities to build the skills and confidence I needed to effectively interact and advocate for the profession. The DCE project has prepared me to advocate for the services I will provide in my future practice. I have communicated through writing multiple documents and emails for the purposes of ABLBH and my schooling. Each of the documents written maintained professionalism throughout.

From this experience, I have learned a considerable amount about how environment, education, support systems, peers, and experiences that impact one's life. Many individuals experience hardships and adverse experiences that begin to create a lack of an ability to cope in a positive way may lead to the use of drugs or relapse. The knowledge gained will be carried over into my future practice, used to educate those who may be at risk, and used to understand the people served on a different level. Each person has a story. The more information and knowledge I can gather from the individual, the more I can help my client, or understand how they got to where they are and how I can help them get back to where they need to be. That client may be struggling to maintain recovery, stay in school due to behavioral issues, struggling due to mental health, social health, or physical health issues. This experience has taught me to think on my feet, use knowledge and evidence to base my thinking, provide a discussion rather than direction, use myself in a therapeutic way that benefits the clients I am working with. It has also taught me to never stop learning and inventing ways that will help a person navigate his/her

struggles. Each individual is unique and sometimes after trying the evidence-based practice without success, an occupational therapist must take a different route to help an individual succeed. I have also learned to think beyond the evidence. Each individual brings their own experiences to the equation and at some points generalized evidence-based practice studies do not cover the unique nuances detailed in an individual's experience. Also, during this experience, I have learned that when an individual is struggling there are at least a few others that are struggling alongside whether it be a person in the community, a family member, a child, or all of the above. For the future, I will investigate those around the client I am treating to see if there is someone else impacted by what the client is going through including caregivers, parents, guardians. Sometimes my job will encompass giving the person who is a caregiver to my client a number to a respite facility, a support group meeting time, or a number to an organization that has more knowledge about what the caregiver are going through. That could be the best way for me to impact my client, by giving their caregiver information about how to take care of themselves while caring for my client.

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Appendix A

STRENGTHS	WEAKNESSES
<p>What advantages does your organization have? What do you do better than anyone else? What unique or lowest-cost resources can you draw upon that others can't? What do people in your market see as your strengths? What factors mean that you "get the sale"? What is unique about your organization?</p> <ul style="list-style-type: none"> ○ passion from chapter to chapter for growth- 25 chapters as of January 8, 2018 ○ they are originally, timely, and where the action is ○ able to provide meals at each meeting ○ nonjudgmental, accepting, ○ previous addicts as leaderships allow for ability to relate ○ financially transparent ○ director is able to train leadership in each chapter ○ designed on the need of the individual <ul style="list-style-type: none"> ▪ participant driven ▪ no set curriculum ○ community support and availability 	<p>What could you improve? What should you avoid? What are people in your market likely to see as weaknesses? What factors lose you sales?</p> <ul style="list-style-type: none"> ○ Structuring – need structure to meet all needs <ul style="list-style-type: none"> ▪ Company grew beyond vision ○ Budgeting ○ trainings per quarter ○ ability to provide resources ○ no set curriculum ○ financially self-sustaining ○ support for family ○ relapse of individuals placing bad name on brand
OPPORTUNITIES	THREATS
<p>What good opportunities can you spot? What interesting trends are you aware of? Useful opportunities can come from such things as: Changes in technology and markets on both a broad and narrow scale. Changes in government policy related to your field. Changes in social patterns, population profiles, lifestyle changes, and so on. Local events.</p> <ul style="list-style-type: none"> ○ grants <ul style="list-style-type: none"> ▪ 3 paid employees ▪ trainings for benefits ▪ funds for detox/treatment placement ○ sustainability ○ partnering with other agencies to provide more services ○ interns ○ continuously growing due to dire need 	<p>What obstacles do you face? What are your competitors doing? Are quality standards or specifications for your job, products or services changing? Is changing technology threatening your position? Do you have bad debt or cash-flow problems? Could any of your weaknesses seriously threaten your business?</p> <ul style="list-style-type: none"> ○ loss of funding ○ leadership relapse ○ financial transparency ○ burnout in leadership ○ decrease in volunteer support ○ decreased community support

Appendix B

Delaware County Resources**Food Pantries:** (Call before going these are subject to change)

- ❖ Blood-N-Fire: (765) 747-0872
 - Last Wednesday of each month from 3-5PM
- ❖ Christ Temple Church: (765) 284-1783
 - Second and fourth Friday noon-2PM
- ❖ Christian Ministries: (765) 288-0601
 - Clothing and Food Pantry Tuesday-Friday 9AM-12:30PM
- ❖ Community Baptist Chapel (765) 759-8972
 - Fourth Thursday 5PM-8PM
- ❖ Covenant Partners Ministries: (765) 284-2545
 - Fourth Wednesday of the month 8AM-11AM
- ❖ Friends Memorial Church: (765) 288-5680
 - Third Saturday of the month 8:30-11:30 AM
- ❖ "In His Name" Food Pantry through Madison Street United Methodist Church: (765) 282-3946
 - Thursday 9AM-1PM
- ❖ Morning Star Ministries: (765) 287-0021
 - Saturday 10:30AM -11:30PM
- ❖ Muncie Mission- Family Services: (765) 288-9122
 - Monday, Tuesday, and Thursday 8:30-11 AM
- ❖ Salvation Army: (765) 289-7924
 - Tuesday-Thursday 1PM-2:30PM
- ❖ Second Harvest Food Bank Tailgate in Delaware County: (800) 886-0882
 - At BorgWarner every Second and fourth Thursday 9AM-11AM
- ❖ Selma United Methodist Church: (765) 282-1648
 - First Tuesday of the month from 9AM-11AM and third Tuesday 5:30PM-7PM
- ❖ St. Lawrence Catholic Church: (765) 288-9223
 - Tuesday-Thursday 1PM-3PM
- ❖ Storehouse Ministries (765) 282-0182
 - Monday and Friday 9AM-11AM
- ❖ Take Five Community Center: (765) 730-8389
 - Tuesday-Thursday 10AM-2PM
- ❖ Muncie Outlet Aunt Millie's Store: 765-289-2287
 - 101 W. Memorial Dr. Muncie IN 47302 Mon-Fri 9:00-6:00; Saturday 9:00-4:00; Closed Sundays
- ❖ Albany UMC: 765-789-4571
 - 125 N. Broadway Albany, IN 47320 5:00 PM - 7:00 PM every 3rd Friday
- ❖ Community Shepherds Food Pantry: (765)358-4505
 - 105 Main Street Gaston, IN 47342 9:30-10:30 Tuesdays

Delaware County Resources

- ❖ Christian Women's Fellowship Eaton Food Pantry: (765)396-9395
 - 301 East Harris Eaton, IN – 47338 9:00 to 11:00 AM on the third Saturday of the month

Delaware County Thrift Stores.

- Bargain Box
607 E. Charles St.
Muncie, IN 47305
(765)288-3835
Dates and Times: *Sept-May* 11:00am-4:00pm Wed-Fri, 9:00am-4:00pm Thu, 9:00am-1:00pm Fri, 9:00am-12:00pm Sat
- St. Vincent de Paul Thrift Store
920 E. Charles St.
Muncie, IN 47305
(765)282-2842
Dates and Times: 10:00am-3:00pm Tue-Fri, 10:00am-12:00pm Sat
- Buy the Pound Outlet
3831 S. Madison St.
Muncie, IN 47307
(765)288-9122
Dates and Times: 11:00am-5:00pm Mon-Sat
- Attic Window Thrift Store
400 W. Memorial Dr.
Muncie, IN 47302
(765)282-0997
Dates and Times: 9:00am-6:00pm Mon-Fri, 9:00am-4:00pm Sat
- Goodwill Store
1413 E. 29th St.
Muncie, IN 47302
(765)284-5051
Dates and Times: 9:00am-9:00pm Mon-Sat, 11:00am-7:00pm Sun
- Attic Window Thrift Store
3400 N. Broadway Ave.
Muncie, IN 47303
(765)213-6231
Dates and Times: 9:00am-6:00pm Mon-Sat
- Goodwill Store
5035 W. Hessler Rd.
Muncie, IN 47304
(765)747-9808
Dates and Times: 9:00am-9:00pm Mon-Sat, 11:00am-7:00pm Sun
- Greater Muncie Habitat For Humanity ReStore
4640 W. Bethel Ave.
Muncie, IN 47304
(765)288-1814
Dates and Times: 9:00am-4:00pm Wed-Sat
- ARF Thrift Market / Meow & Mutt Market
7600 W. Kilgore Ave.
Yorktown, IN 47396
(765)759-8370
Dates and Times: 9:30am-4:00pm Mon-Fri
- On Safari Consignment
4711 North Wheeling Ave
Muncie, IN 47304
(765) 254-9000
Dates and Times: Monday- Friday 10:00 AM - 6:00 PM, Saturday 10:00 AM - 5:00 PM

Delaware County Resources

- Good as New

5813 W Kilgore Ave

Muncie, IN 47304

(765) 716-6172

Dates and Times: Saturday 12-4PM,
Sunday-Tuesday Closed, Wednesday-
Friday 11AM-5PM

- The Vintage Shoppe Thrift & Gift

220 N Walnut St,

Muncie, IN 47305

(765) 624-9593

Dates and Times: Wednesday-
Saturday: 12PM-6PM, Closed Sunday-
Tuesday

- Plato's Closet

819 E McGalliard Rd,

Muncie, IN 47303

(765) 282-0567

Dates and Times: Monday- Saturday
10AM-8PM, Sunday 12-6PM

- Once Upon A Child - Muncie, IN
Northwest Plaza

1629 W McGalliard Rd,

Muncie, IN 47304

(765) 216-7077

Dates and Times: Monday-Saturday
9:30AM-9PM, Sunday 11AM-7PM

- Vintage Thrift Art & Antiques

1412 W Jackson St,

Muncie, IN 47303

(773) 220-9542

Dates and Times: Monday-Saturday
10AM-6PM, Sunday 1-6PM

- Dusty Junk

722 S Liberty St,

Muncie, IN 47305

(765) 730-2612

Dates and Times: Monday-Friday 9am-
5pm, Saturday by appointment,
closed Sunday

- Blush Boutique: Ladies
Consignment Shop

4002 N. Rosewood Ave.

Muncie, IN. 47304

(765) 808-3479

Dates and Times: Mon-Thur: 11 am - 5
pm, Fri: 11 am - 7 pm, Sat: 11 am-4
pm



- Ready To Wear

4410 N Old State Rd 3,

Muncie, IN 47303

Dates and Times: Sunday & Monday
Closed, Tuesday- Wednesday 10AM-
4PM, Thursday-Friday 10AM-6PM,
Saturday 10AM-2PM

Other Resources.

Call 211 or visit www.in211.org to receive information about places that assist in:

- ❖ Crisis and emergency help: support groups, runaway and youth shelters, path out of domestic violence and emotional abuse, temporary shelter
- ❖ Disaster assistance: disaster preparedness, up-to-the-minute information on road closures and evacuation routes and shelters, disaster relief assistance and recover resources

Delaware County Resources

- ❖ Food: school lunch and summer food service programs for children, SNAP, WIC, in-home meal delivery services, seasonal meals and soup kitchens, and community gardening support. No matter your age, health or income level.
- ❖ Volunteer Opportunities
- ❖ Health: help with drug and alcohol addiction, support and rehabilitation. Resources for prescription-assistance services and medical transportation options. Access to good-quality and affordable healthcare options and connect you to local health and human services agencies.
- ❖ Housing and Utilities: emergency shelters, new housing, utility assistance, or financial support for much-needed home repairs, rental assistance, subsidized housing, and housing vouchers that can help families, the elderly and disabled individuals pay for housing.
- ❖ Jobs and Support: find occupational and vocational [training](#), and learn about programs that offer career counseling and resume preparation assistance, temporary work, day-laborer opportunities, disability and special-needs services, prepare for your GED test, learn about community colleges and continuing education programs, or find out about tuition loans and grants that are available to you. Find places with English as Second Language (ESL) education and literacy programs for children and adults.
- ❖ Reentry: after incarceration, gender transition, completion of education, sobriety, unemployment, homelessness, or any other aspect of reentry. Help you complete essential identification documentation, find safe housing options where you can reside, learn about your rights and your obligations, connect with support groups in your area, and talk to a counselor about steps you can take to plan your future, connect you with resources to help you put together a clean, professional wardrobe and establish personal contact information, connection to services that help you live independently, complete your education, manage your money, and remain drug-free, help finding housing, employment, getting your GED, and child care.
- ❖ Veterans: help you navigate the extensive benefits and services available to you, including healthcare support, financial assistance and counseling, legal assistance, and educational support. Locate home loans, job training, employment assistance and career counseling, veterans benefits, childcare, and financial advice and planning, put you in touch with organizations that help you and your family relocate to a new city or a new home, cope with the stress and logistics of a deployment, or transition back into civilian life, find resources to combat homelessness or locate food service programs in your area if you or your family doesn't have enough to eat.

Call 2-1-1 for Assistance

Appendix C

Delaware County Resources

Impact of Addiction on Children.

- ❖ According to Substance Abuse and Mental Health Services Administration (SAMHSA) (2017), "In 2014 an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use."
- ❖ Martin, Smith, Wallen, & Boisvert (2011) studied the stories of mothers recovering from addiction including the initial cause of addiction and their recovery processes. "Eight [out of 10] of the participants of this study were products of dysfunctional parents who themselves were often substance abusers" (Martin et al., 2011, p. 154).
- ❖ Lander, Howsare, and Byrne (2013) state a parent with a substance use disorder is 3 times more likely to physically or sexually abuse their child" (p. 200) which leads a child more likely to have poorer physical, intellectual, social, and emotional outcomes and are at greater risk of developing substance abuse problems themselves" (p.201).
- ❖ McKeganey, Barnard, and McIntosh (2009) studied the impact of parental drug use on children and found the children with parents with a substance use disorder experienced material neglect associated with their parents' drug use. The children were exposed to drug use, drug abuse, drug violence, and the consequences of drug use as well as watching their parents overdose at young ages. The children were also at risk of witnessing criminal behavior and experiencing physical, mental, and emotional abuse. Family disruption and break up was also mentioned as an impact of parental drug use (McKeganey et al., 2009).
- ❖ Addiction impacts the whole family unit, as well as the surrounding community (Lander et al., 2013). It can leave extended family with "feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt" (SAMHSA, 2004, p. 22). It can impact relationships between siblings through "negative role modeling, lack of trust, and diminished concepts of normative behavior" (SAMHSA, 2004, p. 22). Relationships with neighbors, friends, and coworkers can be at risk. Persons with addiction become unreliable which cause the neighbor, friend, or coworker to help financially, "be forced to compensate for decreased productivity or increase their share of the workload" (SAMHSA, 2004, p. 22).

Delaware County Resources

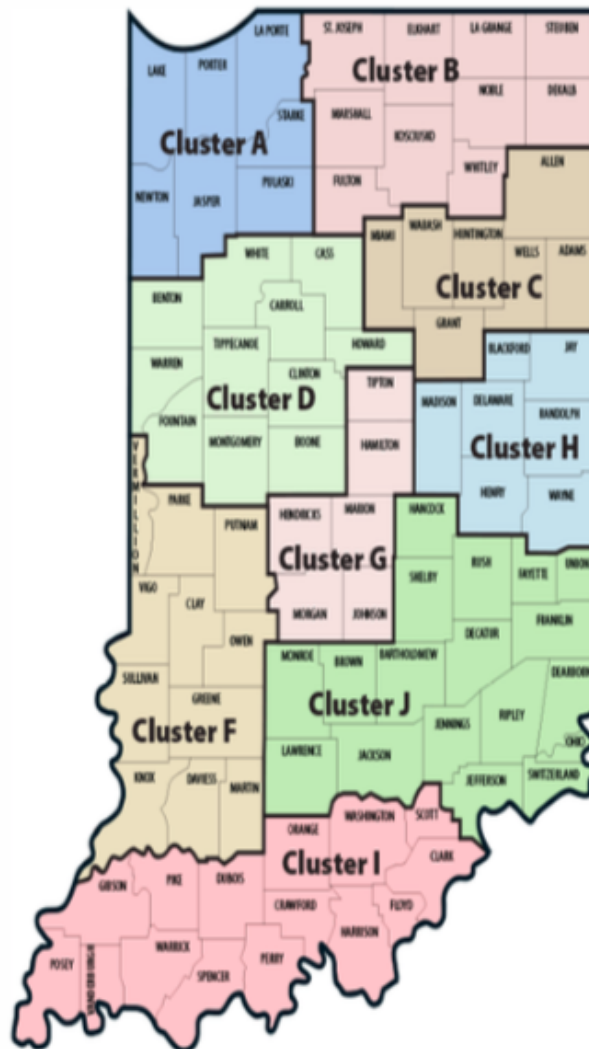
Resources for Child Development and Child Occupations.

- ❖ First Steps: Services provided to children birth to 3 years of age throughout Indiana. They provide services to children with developmental delays or disabilities. A child qualifies for services by having delays in two domains including cognitive, communication, physical, social-emotional, or adaptive development. The map to the side shows the counties grouped into areas of provided services.

<http://www.firststepssoutheast.org>

- ❖ Counseling: Through counseling, children, adolescents, and teens improve many skills including: problem-solving skills, identifying cause of stress or distress, develop skills in asking for help and expressing their emotions. Counseling can assist in identifying school, family, and life stressors including: excessive or difficult homework, test anxiety, peer pressure, bullying, and learning difficulties parental arguing, divorce, moving homes, new sibling, major illness, death, loss, and transitions.

<https://www.learningdynamicsinc.org/child-adolescent-counseling/>



Delaware County Resources

Physical, social, emotional, and mental health resources for parents of developing children found below.

- ❖ "THE ACT OF PLAYING is an important tool that influences a child's life. The primary goals of childhood are to grow, learn, and play. It is often through play that children learn to make sense of the world around them. It is a child's "job" or "occupation" to play to develop physical coordination, emotional maturity, social skills to interact with other children, and self-confidence to try new experiences and explore new environments." (American Occupational Therapy Association, 2012).
- ❖ There are 3 main parenting styles that each impact a child's development differently. Parenting styles include authoritative, permissive, and uninvolved. Below describes how parenting styles can impact a child's behavior, taken from the American Psychological Association (2018):
 - **Authoritative:** In this parenting style, the parents are nurturing, responsive, and supportive, yet set firm limits for their children. They attempt to control children's behavior by explaining rules, discussing, and reasoning. They listen to a child's viewpoint but don't always accept it.
 - Children raised with this style tend to be friendly, energetic, cheerful, self-reliant, self-controlled, curious, cooperative and achievement-oriented.
 - **Permissive:** In this parenting style, parents are warm, but lax. They fail to set firm limits, to monitor children's activities closely or to require appropriately mature behavior of their children.
 - Children raised with this parenting style tend to be impulsive, rebellious, aimless, domineering, aggressive and low in self-reliance, self-control and achievement.
 - **Uninvolved:** In this parenting style, parents are unresponsive, unavailable and rejecting.
 - Children raised with this parenting style tend to have low self-esteem and little self-confidence and seek other, sometimes inappropriate, role models to substitute for the neglectful parent.

(American Psychological Association, 2018)

Delaware County Resources

❖ How to Resolve Conflicts: The IDEAL Model

Identify the problem and the feelings of everybody involved in the conflict.

Determine possible alternative solutions.

Evaluate the alternative solutions.

Act, choosing the best solution.

Learn from what you did to solve the conflict.

(American Psychological Association, 2018)

- ❖ This website has a PowerPoint made by Naomi Weinstein, MPH from the Center on Addiction and the Family Phoenix House. It describes the perspective of the child on substance abuse. This resource is helpful to understand what a child is going through and why there might be behavior issues within the family.
https://www.nycourts.gov/ip/casa/publications/child_perspective_substance_abuse.pdf
- ❖ This website has great resources for mental health of children. It includes facts about physical wellness, importance of play, signs of fear, childhood mental health, suggestions on guidance and discipline.
<http://www.mentalhealthamerica.net/every-child-needs>

■ ■ ■ References

<https://www.aota.org/~media/Corporate/Files/Practice/Children/Browse/Play/Learning%20Through%20Play%20tip%20sheet.pdf>
<http://www.apa.org/act/resources/fact-sheets/parenting-styles.aspx>
<http://www.apa.org/act/resources/fact-sheets/resolve-conflicts.aspx>
<http://www.mentalhealthamerica.net/every-child-needs>
https://www.nycourts.gov/ip/casa/publications/child_perspective_substance_abuse.pdf

Appendix D

*Thank you for attending Connecting the Links! We hope the event met your reason for coming.
Please take a second to complete this survey to help us better understand what we did right
and how we could improve.*

How did you hear about this event?

- Radio
- Newspaper
- Employer
- Family/friend
- Facebook
- Word of mouth
- Other: _____

What interested you in attending?

- Speakers
- Vendors
- Both
- Food
- Other: _____

How satisfied were you with the overall event? (Circle one)

Completely
Satisfied

Somewhat
Satisfied

Somewhat
Dissatisfied

Completely
Dissatisfied

What was your favorite part of the event?**Was there anything about the event you think we could have done better?****Additional Comments/Suggestions:**